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ABSTRACT

This document presents a summary report of the hearing conducted by the Select Committee on Aging of the United States House of Representatives to study the quality of living of older American women who live alone. Section I reviews information collected by the committee, focusing on the unique circumstances and needs of older women. It provides background information on older women and older women living alone and examines income, health, safety, and housing factors which may affect the quality of life for older women. Section II analyzes testimony from the Congressional hearing conducted on September 27, 1988 to study the problems facing older women and to propose changes. It includes a list of witnesses testifying at the hearing and presents witness analyses of issues and policy recommendations in the areas of income, health, and housing. The report concludes that: (1) not enough is known about the biological or social conditions women face as they age; (2) women face greater rates of poverty, more long-term chronic illnesses and disability, and a greater likelihood of living alone, without day-to-day physical, economic, and social support; and (3) both public and private institutions charged with obtaining information about aging and with assuring that older adults live with dignity and independence are failing to fulfill their mission on behalf of older women. The need for aggressive oversight; fair and comprehensive legislation; and innovative, equitable programs is recognized. (NB)

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COMMITTEE PRINT

THE QUALITY OF LIFE FOR OLDER WOMEN: OLDER WOMEN LIVING ALONE

A REPORT

BY THE

CHAIRMAN

OF THE

SELECT COMMITTEE ON AGING
HOUSE OF REPRESENTATIVES

ONE HUNDREDTH CONGRESS

SECOND SESSION

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FOREWORD

I am pleased to issue this summary report of the Committee's "Quality of Life for Older Women: Older Women Living Alone" hearing. For the past year, the Committee has been laying the groundwork for this examination of the current quality of life for older women. We have gathered information, met with experts, and evaluated programs for older Americans. What we have found is a serious neglect of older women in federal research, services, and policy. At our September 27th hearing, we heard similar concerns from academics, activists, and older women themselves.

This report will review the information we have collected, focusing on the unique circumstances and needs of older women, and will analyze testimony from the hearing, focusing on both the problems facing older women and proposals for change. This hearing was an important first step on the road to improving the quality of life for older women.

I wish to thank the witnesses and other experts whose work has been important in the formulation of the hearing and this report. I particularly wish to thank Manuel Miranda, staff director of the Committee, and Denise Flaim, staff assistant. This report has been printed for informational purposes and does not represent either findings or recommendations adopted by the Committee.

EDWARD R. ROYBAL,
Chairman.

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SECTION I

Background Information

Older Women

The elderly population is large and growing. In 1986, one in five Americans was over the age of 55, and one in eight was over 65. By the year 2030, one in three Americans will be over 55, and one in five will be 65 or older.

Within the elderly population, women constitute a large and growing majority. There are 68 men for every 100 women over the age of 65. With age, the ratio of men to women decreases steadily. There are 83 men for every 100 women between the ages of 65 and 69, and only 40 men for every 100 women among those 85 and older. This trend is expected to grow into the next century.

Although the large majority of the elderly, particularly the oldest old, are women, too often researchers, policymakers, and administrators assume that the circumstances of older men are the same as those of the elderly population as a whole. However, the circumstances, and therefore the needs of elderly women are often quite different from those of older men. The use of a model based on the circumstances of men means that the needs of older women will go unmet. When the needs of older women are not being met, the needs of the elderly are not being met.

Older Women Living Alone

More than 6.5 million, or 77%, of all elderly living alone are women. The percentage of older women living alone exceeds that of men in each cohort, but women become progressively more likely than men to live alone with age. Among those over 85, 52% of women live alone compared with 29% of men.

Widowhood is by far the most common situation for older women who live alone. Between the ages of 65 and 74, 77% of women living alone are widows, as are 88% of those over 75. Men who live alone are far more likely to be divorced or never to have married. This phenomenon occurs both because women tend to marry men older than themselves, and because women live longer than men.

The population of elderly living alone, and the numbers of women among them, is expected to increase well into the next century. In 1987, 8.5 million elderly lived alone; by 2020, 13.3 million elderly will live alone. Currently, 77% of the elderly living alone are women; by 2020, that figure will approach 85%.

Factors Affecting the Quality of Life for Older Women

Income.—Poverty affects women disproportionately throughout their lives, but particularly in their later years. Two out of every five mid-life and older women are poor or near-poor. Women are

the primary victims of poverty among the aged: 72% of all poor over 65 are women. Ethnic and racial minority women are considerably poorer than other older women.

Poverty plagues older women for a number of interrelated reasons. Women tend to have limited or intermittent stays in the paid labor force, largely because our society leaves to women the care of young, sick, and old family members. This caretaking role is not without financial consequences. Many women either quit or are fired from their jobs to provide care for their families. Other women juggle their schedules, take leave, or work part-time. Losing one's job has the most obvious financial impact, but a woman's Social Security retirement benefits reflect any reductions in hours or absences from the paid labor force. The work history patterns common among women also make it difficult to accrue adequate private pensions, or to become eligible for pensions at all.

Women's retirement income is also affected by the types of jobs they hold and the wages they are paid. Women are far more likely to work in low-paid, low-status positions in the retail or service sectors. These types of positions frequently do not offer even the most basic benefits, and very rarely offer pension benefits. Personal retirement planning is impossible for women whose income is at or near the poverty level. Women's lower salaries and wages over a lifetime lead to lower Social Security benefits upon retirement.

Mid-life and older women who want to work or who need to work face tremendous difficulties. Older women face a double discrimination based on sex and age. Employers are less likely to hire them, particularly for well-paid career-track jobs; less likely to promote them; and less likely to keep them when workforce reductions occur. Many midlife and older womem are re-entering or entering the workforce for the first time after divorce or widowhood. These women frequently require job training and placement assistance, which they rarely receive. Current employment and training programs target young men, and are largely inappropriate for older women.

Income is a particularly critical issue for those older women who live alone. Forty-five percent of older women living alone are poor or near-poor. While some of these women are from low-income families, many face poverty for the first time, after divorce or death of a spouse. Women forfeit their spousal Social Security benefits if they divorce after having been married for less than ten years, and frequently forfeit their private pensions regardless of the length of the marriage. Widows are also likely to experience a sharp drop in income and benefits upon the death of their spouse. Poverty and living alone make all other elements of well-being more difficult to attain. Housing, food, clothing, medical care, health, and assistance with chores are all affected to a greater or lesser extent by the amount of income one has, and by the availability of routine or emergency care from a spouse or other family member.

Health.—Older women have health care needs which are quite distinct from those of older men. The illnesses, appropriate treatment, availability of unpaid caregivers, and financial resources of older women are very different from those of older men. Treatments, research, medical insurance, and government health programs frequently fail to address the needs of older women because

older men are treated as the norm for all elderly. In addition, although women of different ethnic and racial backgrounds have different health needs, the situation of white elderly is treated as the norm.

Older women are more likely to suffer from long term, chronic illnesses and disabilities, and less likely to have acute illnesses than older men. The institutional bias of Medicare and Medicaid, therefore, has a particularly negative impact on women. Frequently, home health care and home-making assistance are more appropriate and effective services for persons with chronic health problems than are hospital or nursing home stays. Women are much more likely to live alone, and therefore, to lack in-home, unpaid assistance. Seventy-five percent of elderly nursing home residents are women. This is due, in part, to the greater number of women and to the greater number of women among the oldest old, but concern is growing that many women may be institutionalized unnecessarily for lack of appropriate long-term home care.

Health care costs also have a disproportionate impact on older women. In 1986, Medicare paid for 48% of the total health care expenditures of an unmarried man over 65, but only 33% of those of an unmarried older woman. Since the income of a woman alone is far less than that of either a couple or a man living alone, every dollar spent on health care is a greater percentage of a woman's income than it is of a man's. In addition, since most women outlive their husbands, they are more likely to pay for the cost of a spouse's medical care, particularly for nursing home care, and are less likely to have someone to help pay for their own care. The income requirements for nursing home coverage under Medicaid require that a couple "spend down" to poverty level to obtain care for one spouse. While recent legislation has increased the amount the spouse in the community may retain to live on, the assault on the dignity and the resources of the couples affected remains.

Women are also more likely to carry the burden of being primary caregivers themselves. In 1982, 74% of home care for disabled elderly was unpaid and generally provided by a female relative. Caregiving represents an additional financial, emotional, and physical burden to women in mid- and late-life. The average age of caregivers is 57. Support services, such as respite care, are rarely available to these caregivers.

There are tremendous gaps in research into the mental health of older women, who are frequently neglected in research and policy studies. We are left without a precise knowledge of the effects of aging on older women. We do know, however, that older women face a unique set of circumstances as they age, and that these circumstances have a bearing on their mental health. Caregivers, generally women in mid- and late-life, carry a burden of stress, guilt, and grief with their role. Widowhood, more common for women than men, requires a major adjustment to changes in social roles, living situations, and financial status. Drug interaction is a problem for all elderly, but is particularly serious for other women, who are prescribed more drugs more often than men.

Safety.—Safety in the home is a special problem for older women living alone. While there is some disagreement about whether elderly women are victims of crime at rates greater than the general

population, there is no doubt that the fear of crime causes tremendous isolation and anxiety for older women. For those who live alone, the consequences of accidents can be considerably more serious than for older people who have someone continually available to monitor their safety. In particular, hip fractures and their complications are a major factor in institutionalization for older women.

Housing.—Adequate housing options are crucial for the well-being of older women, but particularly so for those older women who live alone. While most older people own their own homes, older women are less likely to do so than are older men. Since the incomes of older women are smaller than those of older men, housing consumes a larger part of their income. Older women may be forced to choose between safe, adequate housing and other necessities. Public housing units are in short supply and frequently fail to meet even minimum standards of health and safety.

Most of the older people who live alone expected to live with a spouse but were separated by death or divorce. Once alone, most older people prefer to remain in the community and as independent as possible for as long as possible. Those elderly seeking the health, income, and safety support that shared housing offers are penalized one-third of their benefits under Supplemental Security Income (SSI). In-home services, such as nutrition, assistance with tasks of daily living, and health care can make the difference between remaining in one's home and institutionalization, a painful and expensive alternative. The Congregate Housing Services Program (CHSP), a current initiative to integrate housing with other services, has been very successful, but is still available to only a very few elderly.

SECTION II

SUMMARY OF HEARING TESTIMONY

WITNESS LIST

Individuals Testifying, with Affiliations

Betty Friedan, former President, National Organization for Women, and author of upcoming book entitled, "The Fountain of Age."

Karen Davis, Ph.D., Director, Commonwealth Fund Commission on Elderly People Living Alone.

Mary Gardiner Jones, Boardmember, Older Women's League, and former Commissioner, Federal Trade Commission.

Gertie Sparks, Member, Older Women's League, and caregiver.

Organizations Providing Written Testimony

9to5.

American Association of Retired Persons (AARP).

Displaced Homemakers Network.

Department of Health and Human Services (HHS).

WITNESS ANALYSES OF ISSUES AND POLICY RECOMMENDATIONS

INCOME

The Issues

Older women, and particularly those older women who live alone, suffer poverty far out of their numbers in the population as a whole.—In its written testimony, AARP set the percentage of women among the elderly poor at 71%. According to 9to5, almost one-half of those women over 65 who live alone are poor, nearly twice the rate for men in similar living situations. Conditions among Black and Hispanic women are even worse; according to the Older Women's League, 60% of these women were either poor or near-poor.

Particularly for women who live alone, poverty is a development of their "golden years."—According to the Commonwealth Fund Commission, about half of poor widows were not poor before the death of their husbands. Nor, under current policies is the poverty of older women likely to decline significantly. Commonwealth Fund projections indicate that while the percentage of older men living alone who are poor or near-poor will decline dramatically, from 38% to 6% by 2020, the percentage of older women living alone in or near poverty will decrease very little in the same period, from a current 45% to 38%.

The poverty of older women has its roots in restricted paid employment throughout their lives.—Ms. Friedan pointed to the "lack

of compensation for women's labor in the home" and the "unequal pay for work . . . outside the home" as the source of economic problems for older women. AARP explored the same phenomenon in its written testimony, "female workers of all ages encounter social attitudes, business practices, and laws that arbitarily limit their employment opportunities and earning power, and thus their own financial security." The effects of discrimination in hiring and promotion are compounded by the fact that women "are expected to and often do, assume full responsibility for family care in addition to full-time employment."

Women pay twice for the discrimination they experience and the family responsibilities they fulfill: first in low paying jobs and lost earnings in their younger years and then again in meager retirement income.—Women who have never worked for pay must depend entirely on their husband's retirement benefits. A widow, as the Displaced Homemakers Network pointed out, "may find that her husband opted for higher pension benefits while he was living, in lieu of providing for survivor's benefits for her after his death." Although now a worker must obtain a spouse's permission to forego survivor's benefits, the law is not retroactive, and many women are still suffering under decisions made earlier without their consent. According to the Displaced Homemakers Network, a woman who is divorced "may or may not be eligible for a portion of her husband's pension." Among women who do work outside the home, very few receive pensions from their jobs. 9to5 testified that only 20% of women vs. 43% of men receive pension benefits when they retire. Pension benefits are a major factor in reducing poverty. According to 9to5, "only 8% of women aged 65 and up with some pension benefits are poor, while three times as many (22%) of women without pension income live in poverty."

Too many older women depend on Social Security alone for income, and Social Security alone is rarely enough.—According to AARP, one-third of older single women rely on Social Security for at least 90% of their income, and according to the Displaced Homemakers Network, the average monthly Social Security benefit for women is $412. Dr. Davis testified that "an income of less than $104 per week constitutes real deprivation where hard choices among the necessities of food, shelter, and medical expenses are a daily reality." Ms. Sparks spoke of caring for women "who are getting such a small Social Security check that they can't even buy the proper food to eat . . . . (who) are suffering gravely."

The Supplemental Security Income (SSI) program should provide an income safety net for older persons, but it has fallen short of this goal.—The program provides a monthly benefit to low-income older persons, as well as to blind and disabled younger persons. This program, however, does not even bring those poor enough to be eligible up to the poverty level. Ms. Jones offered figures at the hearing showing that the maximum federal benefit for couples is only 90% of the poverty line and the level for individuals, largely older women, is only 76% of the federal poverty level. Dr. Davis testified that raising the SSI benefit level to 100% of the poverty level would cut the rate of poverty among women living alone from 19 to 12%. In addition, AARP testified that many elderly poor are ineligible for the program because their assets exceed the asset limit

($1,900 for an individual and $2,850 for a couple). Furthermore, a great many elderly who are eligible for the program never apply for benefits either because they are unaware of the program or because they believe they are ineligible.

Given the current holes in the retirement income safety net, employment is essential for many older women to avoid poverty.—9to5 testified that "the number of women 45 years and over working part-time involuntarily has been increasing steadily—by 51% over the last seven years," and that workforce participation rates for older men have declined sharply while rates for older women have remained at the same level. In addition, there are many older persons who would like to have jobs and do not; according to the Commonwealth Fund Commission, these individuals make up 10–12 percent of the elderly population. The Commission testified that if jobs could be provided for older people who can and want to work, the poverty gap would be closed by 10 percent. Ms. Jones of the Older Women's League cited figures indicating that unemployed elderly people are almost six times more likely to be poor than employed elderly people.

The employment situation for older women, however, is even worse than for younger women.—Older women take 21 weeks to find employment compared to 13 weeks for younger women and men. Older women also experience greater rates of discouragement—withdrawing from the labor force after failing to find work—than than other segments of the population. 9to5's testimony quotes a 53 year old member, a secretary in Cleveland, saying, "No one will hire you when you are 53, even with 12 good years ahead of you. They want young women. If you don't have a hold on a good job by the time you are 40, you may as well forget it."

Women, particularly mid-life and older women, are in need of meaningful job training, education, and employment programs targeted to their needs and abilities, but existing programs fail to address the needs of older women.—The Displaced Homemakers Network described the barriers to employment for older women re-entering or entering the work force for the first time. In addition to age and sex discrimination, older women are likely to face barriers of limited education, few marketable skills, an unfamiliarity with the labor market, and personal barriers like grief and low self-esteem. More than one-half of women between the ages of 55 and 64 and nearly two-thirds of displaced homemakers over 65 do not have high school diplomas. These women may not even have the basic skill and education level necessary to enter a training or education program. The Network described the kinds of services older women typically need: remedial education, skills training, personal and vocational counseling, and job-search assistance. The Network testified that the three major federal programs offering this kind of assistance, the Job Training Partnership Act (JTPA), the Carl Perkins Vocational Education Act and Title V of the Older Americans Act, are failing to address the needs of older women. JTPA targets young people, particularly young men. The three percent of JTPA's funds which have been set aside for older workers do not target women and are not meeting their needs. Under the Perkins Act, the funds authorized for older worker demonstration programs have never been appropriated, and the funds set aside for single

parents and homemakers target primarily younger women. The majority of those enrolled in the Title V program are older women, but these subsidized, part-time, low-wage jobs "seldom lead to private sector employment at a living wage."

Those older women who do find work are more likely to work in jobs that are less secure and lower paying than younger or male workers.—9to5 presented figures showing an increase in the pay gap between men and women with age. For all workers, a woman makes 68 cents to a man's dollar, but a woman over 45 makes only 61 cents for every dollar a man her age makes, and a woman over 65 makes only 57 cents for his dollar. 9to5 found older workers bearing "a disproportionate burden of the current era of restructuring . . . older workers are shock absorbers for the changing economy." In layoffs and in early retirement schemes older women bear an additional share of the burden. Women tend to work in lower paying positions and are rarely offered lucrative retirement packages. When laid off, women are out of work longer, lose more pay, and are more likely to be pushed out of the workforce entirely. Older women are also more likely to be employed in "contingent" part-time, temporary, contracted out, and home-based jobs, which typically have low pay, few benefits, and little job security.

Recommendations

—Raise the benefit level of the Supplemental Security Income (SSI) Program to at least 100% of the poverty level for both individuals and couples.
—Conduct a campaign to inform those potentially eligible for SSI of the benefits available to them.
—Raise asset limits under SSI to reflect growth in the economy.
—Increase the minimum wage.
—Establish a system of pay equity, valuing accurately the work contributions of women and men.
—Provide greater flexibility in work, and phased-in public and private pension benefits to provide a "bridge" to retirement.
—Establish pay and benefit parity for part time and temporary workers.
—Vigorously enforce laws prohibiting age, race, and sex discrimination.
—Make pension credits portable and eliminate pension integration.
—Forgive the penalty in Social Security income for the survivor of an individual choosing early retirement after the survivor reaches 80 years of age.
—Institute more job training programs targeted to the skills and needs of mid-life and older women.

HEALTH

The Issues

Current public policy does not adequately address the unique health needs of older women.—Witnesses described the inadequacy of the two major federal health programs for the elderly, Medicare, which is available to all elderly, and Medicaid which is available to

all low-income persons, in meeting the health needs of older women. Dr. Davis testified that the longer lives and greater tendency to chronic health problems of older women make long term health care assistance a pressing need for older women. Such coverage is only available on a very limited basis under Medicare. Ms. Friedan pointed to the importance of coverage for chronic conditions to assist older people to "continue to function vitally . . . in their own homes." AARP described the Medicaid program as inadequate because, among other reasons, Medicaid does not cover home care except through special waivers, and its degree of coverage varies widely among the states. AARP also pointed to the increase in disability rates as people age, comparing the 17 percent of the population between 65 and 74 who need help with one or more activities of daily living with almost 49% of those aged 85 or older who need such help. The oldest old, those most likely to suffer age-related disabilities, are far more likely to be women.

In addition to the particular health needs of women arising from their physiology, women are much more likely to live alone and therefore to lack unpaid care.—The Commission reported that 27% of elderly people living alone do not have a surviving adult child and another one-fourth do not have a son or daughter within an hour's drive. Forty percent of the elderly who live alone do not have anyone who can take care of them when they are released from the hospital. A lack of unpaid family assistance means that older people must rely on paid assistance or do without. The older people who live alone and must therefore rely most on unpaid care are also among the poorest elderly and therefore the least able to purchase home care services.

The poor elderly, mostly women, are least able to afford any kind of health care, and the near-poor elderly must often choose between going without medical care and poverty.—In-home health assistance is so limited under Medicare and Medicaid that many older people are doing without or being driven into poverty. AARP cites figures showing that in 1986, there were 5 million people over age 70 with some activity limitation, about three million of whom were women. About one-third of the women relied exclusively on unpaid help, but over half received no help at all. Dr. Davis testified that if you factor in available income after paying health care bills, the poverty rate for elderly people living alone increases from 19 to 27%. The Commission also testified that elderly women who are poor are less likely to have any private insurance to supplement Medicare and are more likely to incur greater out-of-pocket health care costs. The Displaced Homemakers Network described the plight of mid-life displaced homemakers who are still too young for Medicare and not quite poor enough for Medicaid, who cannot obtain health insurance from their employers, and are therefore prevented from ever achieving financial security. These mid-life women and many older women are living, as the Network put it, "just one illness away from poverty and dependence."

The financial, emotional, and physical burdens of caregiving, generally borne by women in mid- or late-life themselves, are staggering.—AARP characterized the situation as follows: "Family members are the cornerstone of the long-term care delivery system for the elderly. They provide over 80% of the personal care and other

assistance to older people . . . typically every day. Approximately 75% of the caregivers are women, either wives or adult daughters . . . over 160,000 women . . . care for their older relatives and their children at the same time. Moreover, about 40% of these women are also employed outside the home." 9 to 5 estimates that between one in ten and three in ten caregivers have had to quit their jobs to provide care. Paying for care also represents a tremendous financial burden. As the Commonwealth Fund Commission testified, many widows are left in poverty after their husband's death by the cost of his illness and funeral expenses.

Recommendations

—Pass legislation to insure coverage for at-home and nursing home long term health care.
—Expand eligibility for Medicaid buy-in to permit those with incomes of up to 150% to buy-in, possibly on a sliding fee basis.
—Pass legislation to assure job protection for families caring for an elderly relative.
—Eliminate the requirement that states apply for a waiver to provide comprehensive home and community based services to poor and frail elderly, making these services automatic under Medicaid, or an option available to the states without additional requirements.
—Establish a system of national health insurance.
—Provide long term care to include: in-home chore and nursing assistance, community-based services, and services in housing, such as congregate living arrangements.
—Expand state ombudsperson programs investigating complaints about the provision of long term care.
—Require more employers to provide health care coverage to more employees.

HOUSING

The Issues

The high cost of housing is a particularly difficult burden for older women who live alone.—Ms. Jones testified that elderly women are disproportionately represented among low-income renters, homeowners, and public housing residents. Elderly minority women are hardest hit by the housing shortage. 1984 data presented by the Older Women's League showed that women over 65 who live alone spend almost half of their incomes on housing and that the housing they purchase is of lower quality than average. Women alone are less likely than men to own their own homes. The Displaced Homemakers Network testified about the situation of women who are divorced or widowed. Frequently, they are unable to afford the housing they previously shared with their husbands. If a women and her husband did own their home and if, in the case of divorce, the woman retained the home, she may be unable to meet mortgage payments or basic expenses. Women who rented with their husbands may find themselves unable to afford the rent on one income.

In the midst of what witnesses called a "housing crisis," the federal government has drastically reduced its commitment to hous-

ing.—During the past eight years, funding for housing programs has been slashed by two-thirds. The Displaced Homemakers Network decried this "devastating trend" and the disengagement of the federal government from a leadership role in relationship to the states and localities.

This lack of affordable housing has contributed to the problem of homelessness for midlife and older women.—The Older Women's League testified that homelessness is a growing problem among mid-life and older women. While the League pointed to the importance of the programs authorized by the Stuart McKinney Homeless Assistance Act, it made note of the fact that these programs have not been funded at levels anywhere near authorized spending levels.

Services are a vital complement to housing programs for older women.—As noted earlier, those women who live alone are both the poorest and the least likely to have day-to-day assistance from family or friends. Ms. Friedan called for the kinds of assistance that will allow older women to remain independent. The Older Women's League identified transportation, security, and health care as important services for these women in their homes.

Recommendations

—Fully fund the Stuart McKinney Homeless Assistance Act.
—Increase the supply of affordable housing, concentrating on integration with services like transportation, security, home health care, and nutrition.
—Commit financial resources to the construction and rehabilitation of low-cost housing.
—Provide strong leadership to the localities, encouraging them to enact model housing policies and programs.
—Provide assistance to those older persons seeking shared housing, and override zoning restrictions which would prevent them from sharing housing.

CONCLUSIONS

From our research, from the calls and letters we receive from older women, and from the testimony of the witnesses at this hearing, the conclusions we must draw are clear. First, we know that we do not know enough about the biological or social conditions women face as they age. Second, we know that women face greater rates of poverty, more long term chronic illnesses and disability, and a greater likelihood of living alone, without day-to-day physical, economic, and social support. Third, it is clear that the institutions, public and private, charged with obtaining information about aging, and with assuring that older Americans live what should be their "golden years" with dignity and independence are failing to fulfill their mission on behalf of the women, majority of the elderly population.

These three conclusions must lead us, as responsible policymakers and concerned citizens, to action. We must gather more information and stimulate greater awareness of the circumstances of aging for women. We must press for aggressive oversight, fair and comprehensive legislation, and innovative, equitable programs. As we do this we must keep in mind the interaction of the many factors influencing the quality of life for older women, and seek an integrated solution. We must also remember the very pressing needs of the most vulnerable older persons—our poor, disabled, minority, very old, and isolated elders. In so doing we will fulfill the contract that older Americans have made with us.

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